

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer:	LOWER TOWNSHIP	County:	Cape May
Employee Organization:	RBCREATION AIDES	Employees in Unit:	12
Base Year Contract Term:	1/1/2007	12/31/2011	New Contract Term 1/1/2012
Type of Settlement:	<input type="checkbox"/> Mediated Settlement	<input type="checkbox"/> Fact-Finder Recommendation	<input checked="" type="checkbox"/> Voluntary Settlement
			<input type="checkbox"/> Super Condoliation

Section II: Economic	Column A Base Year - Total Costs (Last Year of Previous agreement)		Column B New Base Year - Total Costs (First Year of Successor agreement)
Item 1	\$116,440		\$121,135
Item 2			
Item 3	\$3,966		\$0
Item 4	\$300		\$1,800
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column	\$120,706	\$122,935	
	(Total)		(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**Total Base Year(previous agreement) \$120,706

Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	1/1/2015	1/1/2016
Percent Increase	1.85%	-14.64%	15.05%	2.11%	2.07%
Total cost of increase	\$2,228	\$18,000	\$15,792	\$2,548	\$2,548
Total base salary (successor agreement)	\$122,935	\$104,935	\$120,727	\$123,275	\$125,822

Section V: Impact of Settlement - average annual increase over term of agreementPercentage Impact (average per year over term of agreement) 1.29Dollar Impact (average per year over term of agreement) \$5,116.00**Section VI****Health Insurance (Indicate costs associated on each line)**

	Base Year	Year 1					
Cost of Health Plan							
Employee Contributions							
Prescription							
Dental							
Vision							

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.